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Svirkin et al. 10/519,329

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* Examiner:

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- Information Disclosure Statement
- PTO Form 1449 with cited references
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If the enclosed papers are considered incomplete, the Mail Room and/or the Application Branch is respectfully requested to contact the undersigned at (617) 646-8000, Boston, Massachusetts.

A check is not enclosed. If a fee is required, the Commissioner is hereby authorized to charge Deposit Account No. 23/2825. A duplicate of this sheet is enclosed.

Respectfully submitted,

By:

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Docket No.: H0535.70016US00 Date: December 1, 2005

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